

# **MEDICAL WASTE GENERATOR PACKET**

The California Health and Safety Code allows the City of Long Beach to implement the Medical Waste Management Act and to collect fees to cover the expenses of administering the program.

The City was authorized by the City Council to implement the Medical Waste Management Act, through the adoption of Resolution No. C - 2546. The Department of Health and Human Services, Bureau of Environmental Health, is responsible for administering and enforcing the Medical Waste Management Program.

The Medical Waste Management Act establishes methods for handling, tracking, record keeping, hauling and disposal by all generators and other handlers of medical waste. Generators of medical waste include hospitals, clinics, nursing homes, physicians, dentists, veterinarians, pet shops, laboratories, mortuaries, acupuncturists, and other health related facilities.

**In order to determine if you are in compliance with the Act, enclosed is a Medical Waste Generator Information Packet.**

**PLEASE COMPLETE AND RETURN THIS MEDICAL WASTE GENERATOR PACKET TO THIS OFFICE WITHIN TWO (2) WEEKS AND KEEP A COMPLETE WRITTEN COPY FOR YOUR RECORDS**

**These forms must be returned to the Department of Health and Human Services (DHHS), Attn: Glenn Fong, 2525 Grand Ave, Room 222, Long Beach, CA 90815 or faxed to (562) 570-4038.**

**If you have any questions, please contact the Department of Health and Human Services, Bureau of Environmental Health, Hazardous Materials Section at (562) 570-4131 for further assistance.**

**Long Beach Department of Health & Human Services Medical Waste Questionnaire Packet**

## PRE-APPLICATION MEDICAL WASTE QUESTIONNAIRE PACKET

NAME OF  
BUSINESS \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

1. Does your business or service generate any of the regulated medical wastes listed below? **Please check the boxes provided.**

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Laboratory wastes:<br>Human or animal specimen cultures from medical and pathological laboratories. Cultures and stocks of infectious agents from research or industrial laboratories. Wastes from the production of bacteria, viruses or the use of spores, discarded live and attenuated vaccines, and culture dishes and devices used to transfer, inoculate and mix cultures. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Blood or body fluids:<br>Liquid blood elements or other regulated body fluids. Articles contaminated with blood or body fluids.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Sharps:<br>Syringes, needles, blades, broken glass  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Contaminated animals:<br>Animal carcasses, body parts, bedding materials  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Surgical specimens:<br>Surgically, autopsy  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Isolation wastes:<br>Excretion, Exudate, Secretions from humans or animals who are isolated due only to the highly communicable diseases listed by the Center of Disease Control as requiring Biosafety Level 4 precautions.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Chemotherapy wastes:<br>Biohazardous waste previously contaminated with chemotherapeutic agents and/or sharps contaminated with chemotherapeutic agents   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Pathology wastes:<br>Biohazardous wastes from human specimens or tissues fixed in formaldehyde or other fixatives. Recognizable human anatomical parts fixed.   | <input type="checkbox"/> | <input type="checkbox"/> |

## **CERTIFICATION OF NON -GENERATOR OF MEDICAL WASTE**

**If you answered NO to questions 1-8 of the Pre-Application Medical Waste Questionnaire Packet, please complete the requested information below and sign and return to the Long Beach Department of Health and Human Services.**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE (    ) \_\_\_\_\_ FAX (    ) \_\_\_\_\_

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**PLEASE PRINT NAMES(S) OF LEGALLY/FINANCIALLY RESPONSIBLE PERSON(S)**

- (    )    I declare under penalty of law that I do not generate, store, treat, or handle any of the wastes specified on the Information Packet Questionnaire.

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DATE \_\_\_\_\_  
**SIGNATURE OF LEGALLY/FINANCIALLY RESPONSIBLE PERSON(S)**

## REGISTRATION INSTRUCTIONS FOR MEDICAL WASTE PERMITS

9. If you answered **YES** to any part of the Pre-Application Medical Waste Questionnaire. Please check the boxes below and complete the applicable sections of this packet:
- a. Generate less than 200 pounds per month [   ]
    - \* If your facility generates medical waste less **than 200 pounds per month**, then you are a Small Quantity Generator. **Please proceed to page 5.**
  
  - b. Generate more than 200 pounds per month. [   ]
    - \* If your facility generates medical waste **more than 200 pounds per month**, the you are a Large Quantity Generator. **Please proceed to page 7.**
  
  - c. Transport medical waste (LQHE) to a Medical Waste Treatment facility. [   ]
    - \* If you **transport medical waste** (20 pounds per week) to a approve medical waste treatment facility. You are required to obtain a Limited Quantity Hauling Exemption (LQHE). **Please proceed to page 9.**
  
  - d. Treat medical waste onsite [   ]
    - \* If your facility generates and **treats medical waste onsite**, you need a medical waste permit and are required to **proceed to page 12.**
  
  - e. Common storage area [   ]
    - \* If your facility generates and **stores medical waste from different generators in a common medical waste storage area**, you are required to **proceed to page 11.**

## **MEDICAL WASTE - SMALL QUANTITY GENERATOR REQUIREMENTS:**

**If you generate less than 200 pounds per month, you are a Small (SQG) Quantity medical waste Generator.**

1. As a Small Quantity Generator, if you do not treat onsite, or use a common storage area, you are not required to register or obtain a permit. You will be responsible for the following:
  - a. Completing the Long Beach Department of Health and Human Services Certification for Small Quantity Generators. This form is provided on the next page of this packet.**
  - b. Transportation of medical waste must be done by a registered hazardous waste hauler or a person with an approved Limited Quantity Hauling Exemption.**
  - c. Information document** A written document stating how medical waste is generated and how it is **contained, stored, treated or disposed.**
  - d. A Medical Waste Tracking Document** must be maintained by **Small Quantity Generators for two years. Transportation of medical waste must be done by a registered hazardous waste hauler or by a person with an approved Limited Quantity hauling Exemption (LQHE).** Any registered hazardous waste hauler or medical waste generator transporting medical waste in a vehicle shall have a **Medical Waste-Tracking Document in his/her possession while transporting the waste. - See page 11.**

## CERTIFICATION FOR SMALL QUANTITY GENERATORS

Business Name \_\_\_\_\_ Phone # \_\_\_\_\_

Business Address \_\_\_\_\_

The medical waste generated at my facility is disposed by: **[Please check in the appropriate box(s)]**

- |   |  |     |
|---|--|-----|
| * | Transported off-site by a registered medical waste hauler      | [ ] |
| * | Treated Onsite.  | [ ] |
| * | Transferred with a LQHE Permit to a permitted medical facility | [ ] |
| * | Stored at a Medical Waste Common Storage Area                  | [ ] |

Medical Waste Transporter Business Name \_\_\_\_\_

Medical Waste Transporter Address \_\_\_\_\_

Medical Waste Transporter Phone# ( ) \_\_\_\_\_ Registration # \_\_\_\_\_

**OR**

Medical Facility or Treatment Facility Business

Name \_\_\_\_\_

Medical Waste Facility or Treatment Facility Address

\_\_\_\_\_

Medical Waste Facility or Treatment Facility Phone # ( ) \_\_\_\_\_

**OR**

Medical Waste Common Storage Area

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

( ) I declare under penalty of law that I am a Small Quantity medical waste Generator and I will not be treating regulated medical waste at my facility,

DATE \_\_\_\_\_

**PRINT NAME(S) AND SIGNATURE(S) OF LEGALLY/FINANCIALLY RESPONSIBLE PERSON(S). THIS DOCUMENT MUST BE NOTARIZED.**

## **MEDICAL WASTE - LARGE QUANTITY GENERATOR REQUIREMENTS:**

Business Name \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

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**PRINT NAME OF LEGALLY/FINANCIALLY RESPONSIBLE PERSON(S)**

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**TITLE**

**PHONE NO.**

**A.** A Large Quantity Generator (LQG) is a facility that generates 200 pounds or more of medical waste in any one-month of a 12-month period. All LQGs are required by the Medical Waste Management Act to Register with the Department of Health and Human Services (DHHS).

\* If more than one Large Quantity Generator are operating businesses in the same building, or that are using the same common storage area they may register as one generator.

\* Large Quantity Generators operating in different buildings on the same or adjacent property, may register as one generator.

**B.** Large Quantity Generators are required to maintain medical waste tracking documents onsite for three (3) years.

**C.** LQG's are required to maintain a current Medical Waste Management Plan (MWMP), pages 13-15. Any changes in the operations of the facility for the handling, storage or disposal of medical waste will require the Medical Waste Management Plan to be updated and submitted to the Long Beach Health and Human Services (DHHS).

## **REGISTRATION APPLICATION FOR LARGE QUANTITY GENERATORS**

**I declare under penalty of law that to the best of my knowledge and belief the statements made herein are correct and true. I hereby consent to all necessary inspections made pursuant to the California Medical Waste Management Act and incidental to the issuance of this Registration/Permit and the operation of this business.**

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**SIGNATURE(S) OF LEGALLY/FINANCIALLY RESPONSIBLE PERSON(S) DATE**

## **MEDICAL WASTE LIMITED QUANTITY HAULING EXEMPTION (LQHE)**

**The Limited Quantity Hauling Exemption (LQHE) provides an exemption for Health Care Professionals to transport small amounts of medical waste (20 lbs per week) without having to meet registered haulers requirements. There are several categories of LQHE as follows:**

### **MEDICAL WASTE LIMITED QUANTITY HAULING REQUIREMENTS**

1. Health Care Professional (**HCP**) that:
    - a. Generates less than 20 pounds of medical waste per week.
    - b. Transports less than 20 pounds **at any one time per week**.
    - c. Small quantity generator (SQG) and/or the parent organization (PO) both have on file an Information Document; and medical waste is transported by the generator or a member of the generator's staff; and transports less than 20 pounds at any one time to a permitted facility for consolidation or treatment.
  2. A Parent Organization (**PO**) that:
    - a. Is a small quantity generator that **treats its own medical waste on-site**.
    - b. Has a current and updated Medical Waste Management Plan.
    - c. Is registered with the Health Department.
    - d. Transports less than 20 pounds at any one time to the parent organization for treatment or consolidation.
  3. A Health Care Professional (**HCP**) or Parent Organization that:
    - a. Is a small quantity generator that **DOES NOT treat medical waste on-site**.
    - b. Has a current Information Document.
    - c. Transports less than 20 pounds at any one time to the parent organization for consolidation.
  4. A Parent Organization (**PO**) that:
    - a. Is a large quantity generator treating on-site.
    - b. Has a current and updated Medical Waste Management Plan.
    - c. Is registered with the Health Department.
    - d. Transport less than 20 pounds at any one time.
    - e. Medical waste **generated off-site** by the medical waste professional is transported to the permitted and/or registered parent organization for consolidation or treatment.
- D. INFORMATION DOCUMENT:**  
A written document stating how any medical wastes is generated through any process from the generator. (i.e. contained, stored, treated or disposed.) at the facility.
- E. TRACKING DOCUMENT:**  
All generators must maintain a medical waste-tracking document at the facility for two years. The document is found on page 10.



## APPLICATION FOR LIMITED QUANTITY HAULING EXEMPTION

APPLICANT'S NAME (THE BUSINESS FINANCIALLY RESPONSIBLE):

**BUSINESS NAME:** \_\_\_\_\_ **PHONE #.** (     ) \_\_\_\_\_  
**FAX #.** (     ) \_\_\_\_\_

**BUSINESS ADDRESS** \_\_\_\_\_  
NUMBER/ STREET NAME CITY/STATE/ZIP CODE

**CONTACT PERSON NAME:** \_\_\_\_\_ **PHONE NO.**(     ) \_\_\_\_\_

### **Transporter (generator or generator's staff member) Requirements:**

1. Include the Names, Driver's Licenses and Car License Plates to be attached on the Medical Waste Tracking Document provided by the Health Department.

### **MEDICAL WASTE DESTINATION (check the appropriate box)**

- ☐ Off-site Permitted Treatment Facility  
☐ Permitted Transfer Station Facility  
☐ A Parent Organization for consolidation  
☐ A Parent Organization for treatment

### **MEDICAL WASTE DESTINATION (IF DIFFERENT FROM ABOVE APPLICANT INFORMATION)**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
Number/Street Address City/State/ Zip

**CONTACT PERSON'S NAME** \_\_\_\_\_ **PHONE # (     )** \_\_\_\_\_

### **MEDICAL WASTE FINAL DESTINATION FOR TREATMENT OR DISPOSAL (IF DIFFERENT FROM ABOVE APPLICANT OR DESTINATION INFORMATION)**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
Number/Street Address City/State/Zip

**CONTACT PERSON'S NAME** \_\_\_\_\_ **PHONE # (     )** \_\_\_\_\_

**I declare under penalty of law that to the best of my knowledge and belief the statements made herein are correct and true.**

**SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**MEDICAL WASTE TRACKING DOCUMENT  
PARENT ORGANIZATION OR MEDICAL WASTE GENERATOR**

NAME: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
FACILITY ADDRESS \_\_\_\_\_  
AUTHORIZED REPRESENTATIVE NAME AND TITLE: \_\_\_\_\_  
MEDICAL WASTE GENERATION POINT  
[ ] Home Health Care [ ] Animal Shelter  
[ ] Clinic [ ] Mobile Clinic

**PERSON TRANSPORTING THE MEDICAL WASTE**

Name(s), Driver(s) and Vehicle License Number \_\_\_\_\_  
(A LIST OF NAMES, DRIVERS, AND VEHICLE LICENSES MAY BE ATTACHED)

TYPE OF MEDICAL WASTE	NUMBER OF CONTAINERS	TRANSPORTATION DATES MONTH/DAY/YEAR
SHARPS [ ]	_____	_____
BIOHAZARDOUS WASTE [ ]	_____	_____
BIOLOGICALS: [ ]	_____	_____
Serums, Vaccines, antigens, antitoxins	_____	_____

<b><u>M. W. POINT OF CONSOLIDATION</u></b>	<b><u>M.W. FINAL DESTINATION</u></b>
Off-Site Permitted Treatment Facility	_____
Transfer Station	_____
Parent Organization	_____
Other Health Care Organization	_____

**MEDICAL WASTE POINT OF CONSOLIDATION (IF DIFFERENT FROM ABOVE)**

NAME: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
AUTHORIZED REPRESENTATIVE SIGNATURE \_\_\_\_\_

**MEDICAL WASTE FINAL DESTINATION (IF DIFFERENT FROM ABOVE)**

NAME: \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

## **MEDICAL WASTE COMMON STORAGE AREA PERMIT APPLICATION**

Common Storage Facility – designated medical waste accumulation areas which are used by small quantity medical waste generators, otherwise operating independently, for the storage of untreated medical waste for collection by registered hazardous waste haulers.

A Permit for a Common Storage Facility can be obtained by either:

1. A Health Care Provider
2. The Property Owner
3. The Property Management Firm responsible for providing tenant services
- 4.. A Registered Hazardous Waste Hauler

- A. The Medical Waste Permit for Common Storage Facilities will be **valid for one year and the responsible party must obtain the permit from the Health Department**
- B. The Common Storage Facility's responsible party **needs to develop a written Medical Waste Management Plan and send it to the Health Department.**

Name of Applicant: \_\_\_\_\_

Building Name: \_\_\_\_\_

Business Address of Storage Facility: \_\_\_\_\_

Mailing Address of Applicant: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Emergency Number if Different \_\_\_\_\_

Name of Onsite Responsible Party: \_\_\_\_\_

### **PRIMARY ACTIVITIES OF FACILITY**

How many Generators are using the Storage Facility ? \_\_\_\_\_

Total Capacity of Storage Area in Square Feet: \_\_\_\_\_

Type of Security Provided for Storage Area: \_\_\_\_\_

Type and Description of Wastes Being Stored: \_\_\_\_\_

Frequency of Medical Waste Removal: \_\_\_\_\_

Name and Registration Number of Medical Waste Transporter: \_\_\_\_\_

Telephone Number of Transporter: \_\_\_\_\_

Name and Address of Treatment Facility Receiving the Waste: \_\_\_\_\_

**Provide a written copy of the Medical Waste Management Plan for the Common Storage Facility. This plan shall include a annual updated current list of generators at the facility.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT(S)

\_\_\_\_\_  
DATE

## MEDICAL WASTE ON-SITE TREATMENT FACILITY PERMIT APPLICATION

### On-Site Treatment Facility:

On-Site Treatment Facility is a Generator that treats medical waste on-site. Permits for On-Site Treatment Facilities are **valid for five years. (H &S 118170).** Any additional information required by the Health Department for the administration or enforcement of the Health and Safety Code (HSC) or the regulations adopted pursuant of the HSC shall be adopted pursuant to this part.

### MEDICAL WASTE PERMIT APPLICATION INSTRUCTIONS

1. Applicant:
  1. Name \_\_\_\_\_
  2. Business name and phone \_\_\_\_\_
  3. Business address \_\_\_\_\_
- B. **Treatment:**
  1. The type of treatment provided \_\_\_\_\_
  2. The treatment capacity of the facility (in pounds) \_\_\_\_\_
  3. Characterization of the waste treated \_\_\_\_\_
  4. An estimation of the average monthly quantity of the medical waste treated at the facility (in pounds). \_\_\_\_\_
- C. **A Medical Waste Management Plan to include a detailed written description of the facility and site operations of the waste treated at the facility (See attached Sample Medical Waste Management Plan at the end of this pamphlet).**

## MEDICAL WASTE ON-SITE TREATMENT FACILITY APPLICATION

GENERATOR'S NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

TELEPHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

APPLICANT (AUTHORIZED REPRESENTATIVE LEGALLY/FINANCIALLY RESPONSIBLE PARTY):

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
PRINT

\_\_\_\_\_  
SIGNATURE OF LEGALLY/FINANCIALLY RESPONSIBLE PERSONS(S) DATE

**MEDICAL WASTE MANAGEMENT PLAN  
(SAMPLE PLAN)**

**BUSINESS NAME:**

**BUSINESS ADDRESS:**

**TYPE OF BUSINESS:**

**PERSON(S) RESPONSIBLE FOR MWMP IMPLEMENTATION:**

**TITLE:**

**TELEPHONE (    )**

**A.    TYPES OF MEDICAL WASTE GENERATED**

The types of medical wastes (MW) generated are divided into:

**1.    LABORATORY WASTE:**

Please identify what medical waste (MW) in this category is generated at each laboratory. Please keep in mind the examples we give are not all inclusive. You must list all the medical waste generated even if it is not included in our example.

- a.    Specimens
- b.    Microbiological cultures
- c.    Stock of infectious agents
- d.    Live attenuated vaccines
- e.    Culture media
- f.    Other:

**2.    BLOOD OR BODY FLUIDS**

The examples listed in the sample Medical Waste management Plan (MWMP) are not all inclusive. Please list all MW in this category. Please state the point of generation within the facility (i.e., patient rooms, surgery, etc.).

- a.    Liquid blood
- b.    Liquid blood elements
- c.    Other regulated body fluids
- d.    Articles contaminated with blood
- e.    Article contaminated with other regulated body fluids

**3.    SHARPS**

The examples listed in the sample MWMP are not all inclusive. Please state each of the points of generation of this category of MW. If there is no generation of a type of MW, please state that fact (i.e., no generation of root canal files).

- a.    Hypodermic needles
- b.    Hypodermic needles with syringes
- c.    Syringes contaminated with biohazardous waste
- d.    Acupuncture needles
- e.    Root canal files
- f.    Broken glass items such as: Pasteur pipettes, blood vials contaminated with biohazardous waste
- g.    Any device with acute rigid corners, edges or protuberances capable of cutting or piercing and that is contaminated with infectious waste

**4. CONTAMINATED ANIMALS**

The examples listed in the sample MWMP are not all inclusive. Please state each of the points of generation of this category of MW. If there is no generation of a type of MW, please state that fact.

- a. Animal carcasses
- b. Body parts
- c. Bedding materials

**5. SURGICAL SPECIMENS**

The examples listed in the sample MWMP are not all inclusive. Please state each of the points of generation of this category of MW. If there is no generation of a type of MW, please state that fact.

- a. Parts removed surgically
- b. Tissues removed surgically
- c. Parts removed for autopsy
- d. Tissues removed for autopsy

**6. ISOLATION WASTE**

Please refer to our sample for guidance on this subject.

**B.** This facility is a large quantity generator of medical waste. Estimated (in pounds) the maximum amount of all MW generated in any single month.

**C.** Describe the method of MW segregation, containment or packaging, labeling, and collection procedures used. This is a *detailed description* (step by step protocol) for each point of MW generation within the facility. The methodology to use varies according to how the MW is generated and where. Thus, please do not make a general statement regarding the entire facility.

**D. Storage**

This is a *detailed description* (step by step protocol) for each point of MW generation within the facility. The methodology to use varies according to how the MW is generated and where. Thus, please do not make a general statement regarding the entire facility.

**E. Disinfection Procedures**

This is a *detailed description* (step by step protocol) for each point of MW generation within the facility. The methodology to use varies according to how the MW is generated and where. Thus, please do not make a general statement regarding the entire facility.

**F. MW Treatment (Mixed Hazardous or Radioactive Waste Handling)**

This is a *detailed description* regarding the treatment of MW from each generation point and the facility contingency plan in case of treatment failure for any reason (when treatment is applicable). Include the methodology used to handle mixed hazardous and radioactive wastes. Waste handling methodologies vary according to the types of wastes and where the wastes are generated; thus please do not make a general statement regarding the entire facility.

**G. Hazardous Waste Hauler**

As indicated in the sample MWMP. If the MW generated throughout the entire facility is being picked up by a registered hazardous waste hauler, please make that statement.

**H. Treatment Facility Information**

As indicated in the sample MWMP.

**I. Backup Hazardous Waste Hauler**

As indicated in the sample MWMP.

**J. Limited Quantity Hauling Exemption**

Please indicate how this statement applies to the facility.

**K. Affidavit**

As indicated in the sample MWMP.

**\* If this information is not enough to assist you in the development of your MWMP and you need additional help or would like to discuss this matter any further, please do not hesitate to contact our department at (562) 570-4131**